02/28/2002 17:48

ease type a plus sign (+) Inside this box



PTO/SB/81 (02-01)

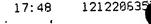
Approved for use through 10/31/2002, OMB 0631-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1996, no persons are required to reapond to a collection of information unless it display a verild OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/026,935
Filing Date	December 18, 2001
First Named Inventor	Alan Sullivan
Title	Rasterization Of Three Dim
Group Art Unit	2621
Examiner Name	Unknown
Attorney Docket Number	30231/40

I hereby app	oint:								
OR		Customer Numb	er		 ▶	Place Cu Number I Label hei	Bar Code		
Practition		med below:							
		ame	Registration No.		lame	Registi	ration No.		
	Morton Amster 16,677 Kenneth P. George 30,259 Daniel Ebenstein 24,832 Abraham Kasden 32,997								
	el J. Berg		Ira E. Simn	den	32,997 33,785				
	H. Gottine					34,287			
	Neil M. Zipkin		27,476	John S. Econ		38,439 38,557			
Anthony E. Lo Cicero. 29.403 Marion P. Matelski.									
as my/our attor	ney(s) o	r agent(s) to pros	secule the applica	ation identifi	ed above, and	d to trans	act all		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.									
Please change	the corre	espondence add	ress for the above	esidentified	application to:		***************************************		
_		ned Customer No			арриодион то:				
OR					Plac	e Custome	· ·		
	re at Cur	stomer Number				ber Bar C	1		
OR	.5 4. 50.	otolinet mainaet	L		Labe	here			
Firm or Individual No	ame	Abraham Kasdan, Esq.							
Addrass	Amster, Rothstein & Ebenstein								
Address		90 Park Avenue							
City									
Country		U.S. A.							
Telephone		212-697-5995 Fax 212-286-0854							
l am the:		_							
Applican	MINVENC	or.							
Assignee of record of the entire interest, See 37 CFR 3.71.									
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
			<u>`</u>				·		
		SIGNATURE	of Applicant or A	ssignee of I	Record				
Name	Alan Sullivan								
Signature	alm Sullive								
Dato	February 28, 2002								
NOTE: Signatures of all forms if more than one				nterest or their	representative(s)	are requi	ed, Submit multiple		
O *Total of	fon	ms are submitted.							
utden Hour Statement: This			a to complete. Time will	vary denonding	upon the needs of	the Individu	al case. Any comments of		

Buiden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademork Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



MAR 0 1 2002 Foase type a plus sign (*) inside this box —

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0861-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE or the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number 10/026,935

Filing Date December 18, 2001

First Named Inventor Alan Sullivan

Group Art Unit 2621

Examiner Name Unknown

Attorney Docket Number 30231/40

t hereby revok application:	e all prev	vious powe	ers of attorr	ney or aul	horizatio	ns of ag	gent given	in th	e abov	ve-identl	fied
✓ A Power	of Allor	ney or Aut	horization o	of Agent is	s submitt	ed here	with.				
OR											
Please c	hange th	e correspo	ondence ad	ddress for	the abov	e-ident	ified applic	atio	n to:		
□ c	ustomer l	Number								ustomer Bar Code	,
OR											
Firm or Individual Nan	nee										
Address				· · · · · · · · · · · · · · · · · · ·							
Address											
City											
Country				<u></u>		State	New Yor	k	ZIP		
Telephone					1	Fax					·····
I am the:											
[2]											
🗹 Applicant	VINVentoi	r.									
			ntire intere 73(b) is en				5)				
		SIGN	ATURE of A	Applicant o	r Asslan	uu of Re	cord				
	Alan Si										
Name	Viall 2										
Signature	ale Sullivi										
Date	Date February 2 γ, 2002										
NOTE: Signatures of a forms if more than one	all the invo	ntors or assi	gnees of reco	ord of the ent	ire interest	or their r	epresentativ	υ (s) ε	re requi	ired. Subn	nit multiple
Total of		are submitt					·- <u>-</u>				

Burden Hour Statement: This form is cellmated to take 3 minutes to complete. Time will very depending upon the needs of the Individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.